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"NEC TENUI PENNA."

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EDITORS.

CONCERNING LECTURES.

To judge from one or two Philadelphia expressions, it would appear that things are not what they seem in the way of published lectures. As we have noted on a previous occasion, the Medical Times declares that lecturers have been seriously misrepresented in reports made to medical journals; that "skeleton notes have been worked up at home by means of text-books," and that the reporter puts down what in his opinion ought to have been said rather than what was actually spoken. And then there is a direct complaint made by Professor Ellerslie Wallace, of the Jefferson Medical College, that in a report of one of his lectures upon Placenta Prævia, published in the Hospital Gazette, opinions were put into his mouth which he never held. Which is all very bad; but this is one of the several questions which have two sides.

We think it will be found upon the whole that lecturers have been much more benefited by reporters than they have been damaged by them. Not only have many valuable words been preserved through their instrumentality, but they have been put in a better condition to live. This has been the case not in medicine alone, but in other professions. The celebrated speech of William Pitt on the American War, which is to live as long as the history of English eloquence, was reported from "skeleton notes" by Johnson. Patrick Henry's appeal to arms, upon which all American orators cut their teeth, was set down from tradition half a century

after its delivery by Wirt; and to come down to our own time, the Congressional Record, which so expensively preserves the Washington bosh, corrects much grammar and leaves out many a hum and haw. Dr. J. F. Clark, who was for a number of years connected with the staff of the London Lancet, in his wonderfully readable Autobiography, says that there are few lecturers indeed who can stand a *verbatim* report of what they say. Most of them are indebted to the reporter for the finish of their remarks as they appear in print. Sir Henry Thomson's lectures, we believe, were taken down *verbatim* as they were spoken, though these were "afterward shorn of the tautology which seems indispensable to the lecture-room," else they might not have presented their wonderful vigor. Lewis Sayre's orthopedic lectures are also said to be short-hand reports, but they, too, have no doubt been shortened.

Perhaps the most inaccurate of all reporters is the lecturer himself. If we would not shock the proprieties of the Times editor too much, we would like to lay him two to one—in sugar-coated pills, we will say—that no lecture which has appeared in his columns of which he knows the history was delivered as it appears, or in any way like it. Lecturers are particularly anxious to appear well in print, and are apt to overdo the matter. In their anxiety to put a polish on what they have said they refine away the personality and colloquial character of the remarks, upon which qualities the life of the discourse depended, and present in its stead an essay containing afterthoughts of what they should have said rather than what they actually did say.

Let us not therefore drive off reporters,

but encourage the growth of this very useful body of men. If the lecturer do not like the manner in which he appears in print, let him enter a protest, if he choose; but nine chances to ten it will be found to be for matters as trivial as most of those for which corrections are asked by authors of editors. In these busy days the world reads with a glance. No one but the proof-reader and writer scans the periods.

It is strange how differently matters strike different people. We read Prof. Wallace's lecture, about which complaint was made, with immense pleasure, partly from a personal interest in an old master, to be sure, but greatly from what it actually contains. It sounded to us very much like what we used to listen to years ago, and we strangely enough made the remark that it was a valuable fellow who thus recorded the words of Dr. Wallace, who can not be induced to record them himself.

We are inclined to be upon the side of the reporter in this affair. We declare that Dr. Wallace does not belong entirely to the Jefferson school, and a bird that can sing as well as he can sing should be made to sing so that the world beyond Sansom Street can hear him.

We publish elsewhere the obituaries of two well-known physicians, taken from the last number of the New York Medical Record, standing side by side in sad proximity. The death of Dr. Darby at forty-three, following in a few days the death of Dr. Maury at thirty-nine, will cause a great wave of sorrow throughout the profession, which will beat with special force upon the hearts of contemporaries and friends.

During winter before last Prof. Darby received a dissecting wound, and was laid up for many months from its effects. His life was then despaired of, but he apparently was restored to full health. When we last saw him, at the meeting of the American Medical Association in Buffalo, his many friends were congratulating him upon his recovery, and fondly hoped there were many years in

prospect for his brilliant and useful career. But it was only a truce which had been declared. Before the work of another session had closed death again laid siege to the life of our noble colleague, and this time has won its victory.

It was seemingly a cruel fate, to lose all so soon after position, which promised so much for honor and usefulness and prosperity, had been won; but if his life was taken just as high noon was passed, its morning was brightened with the luster of many deeds of duty done; and regretful memory will lengthen its span for many days to be.

The news of Frank Maury's death will be a painful surprise to the hundreds of doctors who have gone from the Jefferson school during these last fifteen years. They will remember his pleasant lectures, his spirited quizzes, and his never-failing politeness. He was a wonderful man. In many respects we doubt if there ever was his exact counterpart. He seemed to have had no youth in medicine. What other men have toiled for he took without trouble. Going almost penniless to a great city crowded to the utmost with the best talent of his profession, he was scarcely a day without practice. In one year he had made his way, in five his success was remarked upon, in ten he was side by side with the busiest doctors. And it would be difficult to tell exactly upon what his wonderful success depended. His manners were perfect; but Philadelphia is a city of manners. He was brimful of activity, but hundreds who had just as much were far behind him in the race of life. He was apparently not a great student; he had, in fact, little leisure for books; but he seemed to know, nevertheless, what other doctors knew. Beyond the record of some of his cases he wrote little that will survive him, but in the practicalities of his art he was unsurpassed. Nothing in surgery or medicine appalled him, and his good fortune never failed him. He died just as his youth died; but if life had been spared him we doubt if he could have grown greater than he was. No one

more thoroughly had achieved the possibilities of his nature. We regret much to think we shall see Frank Maury no more.

It will be seen by reference to the advertisement that the Miami Medical School has raised the price of its lecture-fees; so also have the other schools in Cincinnati. This is decidedly a move in the right direction both for the profession and the schools. There is a general desire now on the part of the colleges to advance their fees to something like respectable proportions, and there is no excuse upon the part of any of them in the South and West to hold back for fear of being alone in the matter. We trust in an early issue to chronicle the fact that St. Louis, Indianapolis, Nashville, and Louisville have fallen into the proper line.

EVEN the homeopaths have their little differences. Up to a few months ago the learned faculty of that ilk in Louisville sold their advice and gave away their medicines. But then there came another pundit to town, opened a "homeopathic pharmacy," and sold his medicines and gave away his advice. Now the question arises, Which side trades in the most infinitesimal?

Original.

REPORT OF FOUR CASES FROM EYE, EAR, AND THROAT CLINIC.

BY W. CHEATHAM, M. D.

Rupture of an Eyeball from Glaucoma.

Mrs. M., aged sixty-five, was born with left eye blind. For the last four years she has had attacks of intense pain in it, lasting for several weeks at a time. Two weeks ago one of these exacerbations began. Nothing would give her relief. She spent her days and most of her nights holding a cold wet cloth to the eye. While seated at the breakfast-table, June 9th, the ball suddenly ruptured, the lens escaping on to the cloth. The

lens and vitreous were followed by a gush of blood. Mother and daughter said there was a steady stream from the rent in the cornea for an hour or more. When I was called in Monday noon there was still hemorrhage from the lacerated cornea. Enucleation was advised, as there was still intense pain in the organ.

June 11th the eye was enucleated. Considerable hemorrhage followed. The orbit was well packed with a sponge, and firm pressure applied. The blood burrowed under the tissues above and below the eye, presenting a very ugly appearance. The globe after enucleation was opened, and found to be filled with clotted blood, the retina and choroid being totally detached.

Rupture of Choroid, with Hemorrhage into Vitreous, from a Blow.

Patient, aged twelve, while running out of a stable ran against a stick in the hand of her sister. It struck her at the inferior edge of the orbit, passing through the lid, producing a lacerated wound of the ocular conjunctiva. The ophthalmoscope showed a ruptured choroid, with several hemorrhages into vitreous. Iced cloths, atropia, and rest advised.

One week later the lid and conjunctival wound were healed. Most of the hemorrhages into the vitreous were gone, but the eye almost blind from a rupture of choroid extending to macula lutea.

Mastoid Periostitis of Ten Weeks' Standing.

Mrs. T. reported several weeks ago with intense pain in left ear and over left side of head. She had been suffering from this for ten weeks. Thought it was a common "earache." I found external auditory canal very much swelled, with a slight discharge of pus from it. There was a great amount of swelling over mastoid region, with tenderness and pitting on pressure. The auricle stood straight out from the head. Advised Wilde's incision immediately. Two days later patient gave her consent. An incision was made one and a half inches long down to the bone, which was very rough. Quinia and salicylic acid were given in connection with opiates for the pain. Poulices were applied constantly. The incision was kept open by means of cotton tents. The ear douched every hour.

To my great surprise the ear-trouble in a few weeks was well. There were several relapses. I had given a very unfavorable prognosis, because there were several grave

symptoms pointing to brain-complications. I never saw a case of such long standing get well in such a remarkably short time.

Worms in the Nose.

My friend Dr. H., of Owenton, this state, brought me last week several small worms said to have been discharged from a man's nose while bleeding. The gentleman had suffered very much recently from epistaxis. One day, while watching the blood as it dropped from the nares, he observed some motion in several of the drops. On investigation it was found to have been caused by small worms, about an eighth of an inch long and about as large round as a small pin. Under the microscope it is seen that the worm is in sections or joints like the tapeworm. The head comes to a point, the apex of which carries a horn or bill. The eyes can be seen distinctly. Upon pressing the cover down tightly, spreading the specimen out, dark spots in the body appear to be blood. I shall forward some of the specimens to Dr. Heitzman, of New York, from whom I shall hope to soon get a full report of what kind of an animal he is. The gentleman has no symptoms of either catarrh or ozena.

LOUISVILLE.

DOUBLE UTERUS AND TRIPLETS.

BY C. W. ROBERTSON, M. D.

In April, 1876, I was called in consultation with Dr. W. A. Ealy to see a patient twenty-three years of age, and in this her fifth parturition. At the age of sixteen she gave birth to one child, which was her first; next she had twins; next triplets, when Dr. Curry gave her chloroform and performed version; next twins, and this time when I arrived, Monday morning, one child was born and another presenting.

The first child was born Saturday evening at seven o'clock. No one was with the patient during the birth. The child was living, and the mother did very well until Dr. Ealy arrived on the following Sunday morning.

I could not clearly ascertain in what condition he had found the patient, or what part of the child was presenting when he first saw her. The head had not presented, and he informed me that he had administered ergot freely when he found the side presenting. An examination revealed that the side was presenting, the back being

against the pubes. In this condition it was as firmly wedged as it was possible to be.

From the history and symptoms of the case I concluded that there were triplets. As the child presenting was dead and immovable, and the mother having been so long unrelieved, I at once decided on eviscerating the child, taking it away, and also removing the other, if possible.

Having to send back to town for my instruments, a delay of four hours was caused. In the meantime I introduced a catheter and drew from her a half pint of bloody urine. I commenced the task of embryotomy at twelve o'clock M. Monday, the patient then having been forty-one hours in labor, unrelieved and without rest or food. The parts of the mother were small, and I had a very tedious time in cutting away the child. My hands were cramped so that I could scarcely move my fingers. The patient asked to be anesthetized during the operation, but two or three inhalations caused the respirations to cease so suddenly and completely that I thought she was dead. This incident caused all anesthetics to be abandoned; but the patient—a negress, a little undersized—bore the operation remarkably well. Indeed I think few physicians have seen patients exhibit the fortitude, patience, and good spirits which this patient showed during the whole time. The house in which she was confined was a little log—or rather pole—"shanty," with wide cracks between the logs, and a low roof of long, curled, badly-fitting boards. In one of these cracks near the head of the bed she kept a huge twist of home-made tobacco, and now and then she would take down this twist and tear off with her mouth a big wad and chew it with great relish, and this was all the uncomplaining poor creature seemed to want. Occasionally she would ask, without any show of impatience, if I was most through; and this, with a few little grunts, was all that escaped her. A few of her friends came to see her, and when leaving the patient would cheerily call out to them to come on the morrow and see her. This conduct will appear strange when it is known how badly she was damaged.

After I had removed the child I, being unwell and weak, was completely exhausted; I could scarcely sit in my chair. I made an examination, however, and found that the patient had two vaginæ and two uteri. I introduced my arm into the right uterus and found it ruptured near the fundus. There was a large rent, and my hand came unex-

pectedly in contact with what I took to be the lower border of the liver, which startled me as much as if I had touched the nose of a snake, for I then realized the sad condition of the patient. She had exhibited none of the symptoms of a ruptured uterus. The first child came from the right uterus; the second and third were in the left. The placenta of the second child slipped back into the left uterus; cord and all passed out of my reach. I took away the placenta of the first child after cutting away the second child. The right uterus did not contract after being ruptured, and was completely expanded.

Being, as before stated, sick and weak, I was unable to proceed with the case. I left the third child undisturbed and went home, expecting to return after getting a little rest. Early next morning I got news that in the middle of the night the attendants of the patient, thinking that they heard her make a noise, went to her and found her quickly dying.

Her brother and only relative was very willing I should make an autopsy, and I appointed an hour to do it. In this country there is a class of negro men who claim to be preachers; they also lead in politics and other important steps taken by their race. Before I could arrive to make the autopsy one of those abominable wretches I have just described came on the scene and violently opposed the post mortem; and, as they always do, he carried his point. The corpse was hastily put into a wagon and hurriedly driven to a secure place, and long before the appointed time of burial the body and preacher were far beyond my reach. This was a bitter disappointment to me.

SOMERVILLE, TENN.

Obituaries.

FRANCIS FONTAINE MAURY, M.D.

On Wednesday evening, June 4th, at about half-past nine o'clock, Dr. F. F. Maury, a very prominent and talented Philadelphia surgeon, died at his late residence, No. 1218 Walnut Street, Philadelphia, in the thirty-ninth year of his age, after an illness of over two months' duration, the immediate cause of his death being congestion of the lungs. Between two and three months ago Dr. Maury accompanied the late Colonel Samuel S. Moon on a trip to the Hot Springs, Arkansas, where Colonel Moon went for his health, Dr. Maury traveling with him as medical adviser. When he left the city Dr. Maury's wife was in perfect health, but was seized with acute peritonitis

during his absence, and died just before he returned home. The husband was overwhelmed with grief at this sudden loss, and soon afterward was taken sick himself, and continued to grow worse until he was seized with the attack which carried him off.

Dr. Maury was born in Danville, Ky., on the 4th of August, 1840. His father was a clergyman, and was born in Virginia, and descended from a French Huguenot family. The deceased was educated at Center College, Danville, and graduated in 1859. He attended his first course of lectures at the medical department of the University of Virginia, but went the next year to Philadelphia, and graduated at Jefferson Medical College in 1862. Since his graduation Dr. Maury has always lived and practiced in Philadelphia. He was the first surgeon in the United States to perform the operation of gastrotomy.

Dr. Maury edited *The Photographic Bureau of Medicine and Surgery* for two years, and published a number of reports of medical and surgical cases. He was surgeon to the Jefferson Medical College Hospital, and it was largely through his efforts that this hospital was established. He was also one of the surgeons to the Philadelphia Hospital, and during the war was surgeon-in-chief of the United States Army Hospital at Twenty-fourth and South streets, Philadelphia. He was lecturer on venereal and cutaneous diseases in Jefferson Medical College, and was also a fellow of the Philadelphia College of Physicians and Pathological Society.

At the time of his death Dr. Maury was surgeon to the First City Troop, of Philadelphia, and had held that position for some time. He served as coroner's physician several years ago. Dr. Maury came to Philadelphia as an entire stranger, but his success in his profession was remarkable and immediate. His specialty was venereal diseases. The deceased leaves two young children.

JOHN THOMSON DARBY, M.D.

Dr. Darby, late Professor of Surgery in the medical department of the University of the City of New York, died on Monday, the 9th instant, after a lingering illness. He was born at Pond Bluff Plantation, St. Mathew's Parish, S. C., on the 16th of December, 1836, and was a descendant from English colonial residents of the province of the Carolinas. His early education was acquired at Mt. Zion and South Carolina colleges. He pursued his first regular course of medical lectures at the Medical College of Charleston, and graduated as a doctor of medicine at the University of Pennsylvania in 1859, having been a private student of Professor Leidy. After graduating he became an interne of the St. Joseph and Philadelphia hospitals, gave private courses of instruction on surgery, and was made demonstrator in the Chant-street School of Anatomy, then conducted by Dr. D. H. Agnew. He practiced medicine in Philadelphia until the breaking out of the civil war, when he returned to his native state and at once was appointed surgeon in the Confederate army. He served in the field from May, 1861, until the surrender, in May, 1865, having held, in succession, the position of surgeon to the Hampton Legion and chief surgeon and medical director in various commands of the armies of Virginia and Tennessee. During the war he was sent to Europe on a mission connected with the medical department of the Confederate States, where he devoted four months to a general study of the hos-

pitals of London and Paris. At the close of the war he returned to Europe and pursued his studies both in the hospitals of Great Britain and of the Continent. He served as a volunteer field-surgeon in the Prussian army during the German war of 1866. In 1868, while still absent in Europe, he was elected to the chair of Anatomy and Surgery in the University of South Carolina, and on his return established himself in Columbia. He subsequently resigned this position, and in 1873 accepted the professorship of Surgical Anatomy in the medical department of the University of the City of New York. In the following year he was elected Professor of Surgery in the same institution, which position he held until a short time before his death, when he was made Emeritus Professor. At the time of his death he held the position of Visiting Surgeon to Bellevue and Mt. Sinai hospitals of New York, and was a member of the Medical Society of the County of New York; the New York Academy of Medicine; the Academy of Sciences, Philadelphia; Permanent Member of the American Medical Association; and several local medical societies. He was also ex-President of the State Medical Association of South Carolina. Dr. Darby was a genial gentleman and a favorite medical teacher. His skill as a surgeon was fully recognized by his colleagues and by those who had opportunity of witnessing some of the more brilliant of his operations. Among his contributions to medical literature the more prominent are: A Thesis on the Anatomy, Physiology, and Pathology of the Suprarenal Capsules; Campaign Notes on the German War of 1866; Horse-hair as a Ligature and Suture; Liquid Glass as a Surgical Dressing; and The Trephine in Traumatic Epilepsy.—*Med. Record.*

Correspondence.

To the Editors of the Louisville Medical News:

From its first introduction the Trommer Extract of Malt has received from the hands of the profession far and wide the most flattering notice as being a very valuable addition to our store of constructive remedies. I wish now to call attention to a combination of it with brandy and fluid ext. of wild cherry, as being an excellent cough-mixture for chronic bronchitis and phthisis. The proportions used are one half of the malt and a fourth each of the brandy and wild cherry. Of this I give a tablespoonful every four hours, or oftener if necessary to allay the irritating cough. Having obtained such good results from this combination, I am constrained to intrude it upon the notice of the profession, feeling assured the benefit they will derive from its administration will at least warrant its trial. W. O. ROBERTS.

LOUISVILLE.

A SUCCESSFUL transfusion in Dublin.

Miscellany.

OBSCENE QUACKERY.—It is comforting to know that in some parts of the world successful steps have been taken to suppress the publication and traffic in disgusting literature which is disguised under the cloak of medicine and has done so much mischief to the minds and bodies of its victims. Says the British Medical Journal:

In spite of the penalty clause of the act of 1858, and of the powers possessed by the Medical Council to remove from the register the name of any practitioner guilty of infamous conduct, the most obscene and audacious quackery still flourishes in most large provincial towns and cities, unchecked and almost unheeded. Now it can not be said that a conviction is impossible, since the contrary is well known; and we are indebted to a non-professional society—the Society for the Suppression of Vice—for the most important legal *dicta* on this subject. The attention of the society was called to the matter many years ago; and in their seventieth report, published in 1873, the committee report having received complaints of the distribution of pamphlets pretending to be medical works, but which contained, nevertheless, the grossest and most disgusting obscenities. They were, in fact, the production of advertising quack doctors of the very worst class. Hitherto the committee had refrained from interfering in the matter, as they conceived it rather the duty of the College of Surgeons or of the treasury to test the question whether the law would afford a remedy in such cases. It appeared, however, to be no person's duty to take up this scandalous and crying evil, and complaints came to the committee from all parts of the country. It became absolutely necessary to take some steps to check the mischief. As yet the law had not been defined whether, under the pretence of being medical works, such vile productions were to be tolerated. Accordingly the solicitor of the society was instructed to take counsel's opinion, and nine or ten of the worst of these productions were laid before counsel, who advised that their alleged medical character did not protect them, and that the publishers should be prosecuted—in these cases the publishers being the advertisers themselves. This was done, with the result that one notorious individual gave up to the society the whole of his stock of two obscene publications—*Nature's Remedy* and *The Warning Voice*—

together with the stereotypes, which were all destroyed. Other members of the advertising quack fraternity decided to contest the question of the legality of the publication, and refused to submit to the terms offered by the society, which were that they should discontinue the publication of their works. The society was at this juncture most opportunely assisted by two gentlemen who guaranteed the costs of the society undertaking the cases. A Dr. W—— maintained before the magistrates his right to publish his works, and his case was sent to the Old Bailey, where he was subsequently tried before Mr. Commissioner Kerr, when he pleaded guilty. His counsel alleged that the book had been in circulation for many years, and that the prisoner considered he was not trespassing against the law. The learned judge, addressing the defendant in an eloquent and emphatic manner, declared that the book in question was of a most obscene character, and calculated to do the very greatest injury, and could not and would not be tolerated, and the circulation of this and similar works ought to be suppressed. As the defendant had pleaded guilty, and the book had been for many years in circulation, his lordship ordered him to enter into his own recognizances in £1,000 to come up for judgment when called upon; and in the meantime the defendant was not only to give up the publication in question, but undertake not to issue any similar publications, or any advertisements in the papers, or otherwise, in any way indicating the publication or distribution of any such works, or even pointing to himself as practicing as indicated in these works; and if he did so, when brought up for judgment his lordship would pass on the defendant the most severe punishment and penalty the law enabled him (the learned judge) to inflict; and he desired this case to be a warning to all other persons carrying on the same line of traffic—trading on the weakness and credulity of the public. The seized stock of 4,190 books was ordered to be destroyed, and this was done. Three other individuals, authors of *Philosophy of Marriage*, were on their trial, assisted by very able counsel, and the question of the legality of publications of this nature as medical works was for the first time fully and elaborately argued, when the learned judge laid down the law of the case, and accordingly the jury found all the three defendants guilty. The judge took time to consider his judgment, desiring, as he said, to consult the other judges; and on the fol-

lowing day, it having been alleged that the work had been in circulation twenty-five years, and the three defendants being only hired servants of the principal offender, the proprietor of a notorious museum, who was abroad, the defendants were discharged on entering into recognizances not to repeat the offense.

TRUE SUCCESS.—The following admirable little address contains many valuable truths and much wholesome advice expressed in a graceful and forcible manner. It was delivered by Dr. Louis S. McMurtry, of Danville, Ky., on the occasion of presenting the Society—*Deinologian*—diplomats to the graduating class of Center College during the recent commencement exercises of that old and honored institution. It has a widespread applicability, however, is the work of an accomplished and popular physician, and we avail ourselves of an opportunity of laying it before our readers, believing that it will be read with pleasure and profit by all:

Gentlemen: The last duty connected with your literary society has just been performed, and when I shall have spoken the few words with which I am commissioned, your active membership will have ended. On the morrow your academic course will be formally closed, and you will begin the world. Your first harvest is all garnered, and you will henceforth be sowers as well as reapers in a broader field than any you have yet tried.

It is a goodly custom which at this time surrounds you with the sympathy of friends, and wishes you a hearty God-speed upon the road you are entering.

Almost a decade of years has elapsed since I stood just where you stand this evening. As I recall the occasion recollection points with faithful finger to the most trivial circumstance of that hour. Would that I possessed the power to give each of you the lessons of a decade of life's experience; but if at this impressive and receptive moment I can imprint one word or thought which will serve you in the trying hour, it will have been a grateful privilege.

There is much upon which you are to be congratulated. You are entering practical life in one of the most remarkable eras the world has ever known, and being thoroughly trained for the race, you have a great advantage over many who will compete with you for the prizes of life. If there is one distinguishing feature of the age in which we live, it is the great activity which pervades every department of human effort. Activity is every where, and he who attains success in these days must utilize the minutes and seize every opportunity with a quick and ready hand.

A course of conduct very popular and fashionable nowadays is characterized by the word *policy*. This is preëminently the age of cliques and rings. One of the fashions of the age, too, is to *appear* religious and to act irreligiously. The practice of the black arts is tolerated in those places where the public opinion of a less polished but more honest age discountenanced duplicity and intrigue. The getting

of money, regardless of the method or the means, was never before so diligently cultivated as in our American country at this time. I call your attention to these *fashions* of our own age, in order that you may not confound them with certain *facts* of all ages.

What you most desire now is success, and that, too, in its broadest and fullest sense—a success that carries with it character, self-respect, honor, and usefulness. From this hour, gentlemen, it rests with you as to the kind of success you will attain. The possession of genius, the attainment of distinction, and the winning of renown fall to the lot of very few of the human hive which swarms around this globe. Indeed, has it ever occurred to you to observe how few, comparatively speaking, of those around you make a success of life? What is the possession of money and patronage with character bankrupt? What notoriety and influence can replace the loss of self-respect? No, gentlemen; there is a greater and a grander success to be attained in life, and it is the only one that is worthy your ambition.

To such real success there is no royal road, and neither can it, by any possibility, be reached by any of the by-ways into which the fashions of the age will invite you. The sure path is not an easy one, for it leads through the rocks of bitter competition and over the shoals of constant self-denial, while the by-paths to which I have alluded promise to carry you over a smooth and indulgent road. I beg that you be not deceived by the fashions of the age, but put your faith in the sure facts, known and tested in all ages. Do you remember those few touching words of Sir Walter Scott, as he lay dying?—"Be a good and true man, Lockhart; nothing else will comfort you when you come to lie here." This is the test of a true and real success.

And now, gentlemen, these diplomas attest the fidelity with which you have made the first step toward this real success. It is the first prize in life now, and testifies that you have made a start on the sure road of which I have been speaking. Your society urges that you never leave that road which leads to a success with honor intact and usefulness all around.

One word more, gentlemen, and I am done: While starting on the road to-night determine that no personal habits or vices unfit you for the race. These are the quicksands in which so many are plunged, and they lie all along the journey. If you suppose that any real success, great or small, can be wrested from Fortune by chance, or by fits and starts, leave that wrong idea here, or leave your diplomas here. No man has ever yet accomplished any thing worth the living without seriously meaning it and earnestly setting about it.

And now, gentlemen, in the name of your society I wish you a hearty God-speed and affectionate adieu.

"May health and peace with mutual rays
Shine on the evening of your days."

EXTRAORDINARY GLUTTONY.—It is not often we hear of extraordinary instances of gluttony, and such cases are only deserving of notice in so far as they show the quantity of food that can be taken at one time into the human stomach. In some of the daily papers an account is given of a gastronomical feat recently performed by two Hayti negroes who were passing through

Paris. They betted one thousand francs that they would eat without stopping six hours, and won easily, sitting down to table at noon and not rising before half-past six. In the long interval they succeeded in consuming eight soles *au gratin*, twelve lamb cutlets, a joint of roast veal weighing eight pounds, three kilograms of asparagus, and an omelette of twelve eggs, besides a Dutch cheese, twelve pounds of bread, and fifteen bottles of wine. This story reminds us of similar cases of gluttony narrated by Dr. Carpenter in his Human Physiology. One Esquimaux, says Captain Parry in his Arctic Voyages, devoured in twenty-four hours no less than thirty-five pounds of various kinds of food. The half-breed *voyaguers* of Canada and the wandering Cossacks in Siberia habitually consume a quantity of animal food which would be soon fatal to any one unused to it. The former are spoken of as very discontented when put on a short allowance of eight pounds of meat a day, their usual consumption being from twelve to twenty pounds. We also recollect reading in one of the numbers of the old Saturday Magazine an account of a Hindoo who could eat the whole of an uncooked sheep at a time. There must have been some trickery about this latter feat; but the other cases are well authenticated, and show the extraordinary capacity of the stomach in certain individuals and in certain conditions of the system.—*Medical Press and Circular*.

DANGER OF INJECTING THE UTERUS WITH PERCHLORIDE OF IRON.—At a recent meeting of the Obstetrical Society of London Dr. Cory showed the uterus of a woman who had died from the effects of this operation. A solution of perchloride of iron (one part to ten or twelve of water) was injected by means of a Higginson's syringe through the ordinary vaginal tube. The woman became suddenly collapsed, and died almost before the tube could be removed. The fluid appeared to have entered the peritoneal cavity through the left fallopian tube. In reference to this case Dr. Barnes said that the patient appeared to have died from shock. That the mere contact of iron solution with the peritoneum was not necessarily fatal or dangerous, was certain. He also referred to a mode of applying this styptic by means of swabbing, or by using a tube perforated at the end, and containing sponges saturated with the solution, which oozed out under the pressure of a piston.—*Medical Press and Circular*.

THE SPHYGMOPHONE.—At the last meeting of the Royal Society Dr. Richardson demonstrated the action of a new invention of his own, which he calls the sphygmophone, and by which he transmutes the movements of the arterial pulse into loud telephonic sounds. In this apparatus the needle of a Pond's sphygmograph is made to traverse a metal or carbon plate, which is connected with the zinc pole of a Leclanché cell. To the metal stem of the sphygmograph is then attached one terminal of the telephone, the other terminal of the telephone being connected with the opposite pole of the battery. When the whole is ready the sphygmograph is brought into use as if a tracing were about to be taken, and when the pulsation of the needle from the pulse-strokes is secured, the needle, which previously was held back, is thrown over, so as to make its point just touch the metal or carbon plate, and to traverse the plate to and fro with each pulsation. In so moving, three sounds, one long and two short, are given out from the telephone, which sounds correspond with the first, second, and third events of sphygmographic reading. In fact the pulse talks telephonically, and so loudly that when two cells are used the sounds can be heard by an audience of several hundred people. By extending the telephone-wires the sounds also can be conveyed long distances, so that a physician in his consulting-room might listen to the heart or pulse of a patient lying in bed (speaking modestly as to distance) a mile or two away. Dr. Richardson described to the fellows of the Royal Society that the sounds yielded by the natural pulse resemble the two words "bother it." Not a bad commencement for a talking pulse.

At the same meeting Dr. Richardson demonstrated the use of an instrument just invented by Professor Hughes, the discoverer of the microphone, and named the "audiometer."—*London Lancet*.

A MEDICAL UTOPIA.—Philadelphia bears the enviable reputation of being less infested with charlatans and irregulars than any other large city. The chief reason is that quacks are systematically ignored, not only professionally, but socially. They perhaps struggle along for a while under the ban of public distrust, but soon starve out and seek more congenial climes—San Francisco, for example. Quackery thrives here on the fat of the land; in other words, upon the support of the well-to-do classes. It is a matter

of common remark that it is not the poor and unlearned who run after every new and blatant impostor, but rather those who are supposed to be intelligent and refined. There are several Chinese "physicians" in the slums of this city who can count their lady patients by the dozen. Negroes are the latest fancy. A deformed colored man did a thriving trade here for some years; another swarthy importation from the cane-brakes, who draws out cancers by the roots, is now following in his footsteps. It is refreshing to hear that there is at least one city where the common sense of the people arrays itself against the evil of quackery, and where, if report says true, homeopathy is drawing its last breath.—*Western Lancet*.

CASE OF TRANCE.—The case of a woman in the state of trance, now under the care of Dr. Langdon Down in the London Hospital, has excited much interest and presents a well-marked example of this condition. The patient is a woman twenty-seven years of age, of rather small stature and weak mental capacity. She was admitted April 3d on account of symptoms connected with extensive disease of the heart, for which she had been treated as an in-patient in 1877. When admitted there was marked aphonia; she complained of great precordial pain, and frequently expressed her firm idea that "she was going to be married." At this time she had no difficulty in taking liquids; no marked nervous symptoms were present beyond the loss of voice. About May 7th prostration became marked, without any signs specially attributable to the heart-disease, and she evinced great disinclination to take food of any kind. In a few days she fell rather suddenly into a state of trance, in which condition she has remained ever since. At first she could be induced with difficulty to take liquids, but soon she would not swallow even such food, and nutrient enemata had to be given. For a few days she would reply to questions by monosyllables, but later gave no sign of consciousness, remaining perfectly passive and motionless, and could not be aroused. There was never any kind of convulsive seizure, local paralysis, or sign of any further lesion connected with the heart-disease; the pulse remained full throughout; the bowels were confined. There was well-marked reflex action on touching the conjunctiva; the pupils were of moderate size and active to light. No reflex action was obtained on tickling the feet, and she seemed quite insensible to pricking or pinching the

skin. The temperature remained normal. For three days she was fed by an elastic catheter passed through the nostrils to the pharynx—a proceeding which she made some attempt at resisting. This condition differs from catalepsy in its lifelessness; but for the performance of the organic functions there is no muscular rigidity; the limbs, when raised, fall as if lifeless, and if placed in certain attitudes are not retained fixed as in catalepsy. At present the patient remains in the state described, giving no signs of consciousness. Her condition appears to be exactly that of the famous Welsh fasting girl, and there is no sign of special disturbance resulting from her heart-disease. For the particulars of this case we are indebted to Dr. B. Rygate, house-physician.—*British Medical Journal*.

BANISH THE DIPHTHONG.—There is more than one objection to the diphthong. It is inconvenient to the writer and adds to his labor. The two diphthongs æ and œ are liable to be confounded. In the italic type they can scarcely be distinguished from each other, if at all. They are annoying to the printer and continually lead to error. They are entirely superfluous; that is, the first letter is useless, as it is never sounded. They do not belong to our language, but have leaked into it from the Latin. They are the remains of an antiquated orthography which has already been corrected in regard to the great majority of words from which they have been expunged. Our language is but half modernized while they are retained in any words. The French do better than we, as they retain the diphthong only in Latin words. As soon as a foreign word is adopted in our language, its spelling should conform to our standard. The Obstetrical Journal of Great Britain and Ireland abolished the diphthong several years ago, and a few other leading journals have followed the example. But the English are slow in innovations, and will continue the nuisance longer than Americans. The Pacific Medical Journal declared war upon diphthongs some five or six years ago, and in fact has never employed them. Now let us write anemia, diarrhea, gynecology, edema, fetus, and so forth.—*Pacific Med. Jour.*

SHAKESPEARE AND THE CIRCULATION OF THE BLOOD.—I wonder, with all due respect to the memory of Harvey, whether that illustrious physician had studied Shakespeare deeply; for in Act III, scene 2, of the Sec-

ond Part of Henry VI, Lord Warwick, upon beholding the body of Duke Humphrey, of Gloster, displays a most marvelous knowledge of the heart's action:

"See, how the blood is settled in his face!
Oft have I seen a timely-parted ghost,
Of ashy semblance, meager, pale, and bloodless,
Being all descended to the laboring heart;
Who, in the conflict that it holds with death,
Attracts the same for aidance 'gainst the enemy;
Which with the heart there cools, and ne'er returneth
To blush and beautify the cheek again.
But see his face is black and full of blood," etc.

"I can not but stop a moment to observe," says Dr. Johnson, "that this terrible description is scarcely the work of any pen but Shakespeare's." William Harvey was born, I think, at Folkestone in 1578, published his work on the Circulation of the Blood in 1628, and was head physician to Charles I in 1632. William Shakespeare was born at Stratford-on-Avon, Warwickshire, in 1564, and died in 1616.

I find also in Vol. I of Grey's Notes on Shakespeare, p. 288, a few lines from Echard's History of England, Vol. I, p. 89:

"If this same were a churchyard where we stand,
And thou possessed with a thousand wrongs;
Or if that surly spirit, melancholy,
Had baked thy blood, and made it heavy, thick,
Which else runs tickling * up and down thy veins."

Grey says Shakespeare wrote this some time before the discovery of the circulation of the blood by the celebrated Dr. Harvey, which was about the year 1628. Had he lived till that time he would have expressed his meaning with more propriety.—*Cosmo Logie, M.D., in London Lancet.*

Selections.

The Action and Uses of Belladonna.—Extracted from a paper by J. R. Gasquet, M. B., in London Practitioner:

1. It relieves pain, sometimes very considerably, and I think it will be found that this is usually of local and peripheral, not central, origin. Thus it is often useful in toothache (less markedly, however, than gelsemin,) and in rheumatic or gouty pain; while it has no effect, so far as I know, upon neuralgias of hysteria or other centric affections. Perhaps its effect upon epilepsy is due to its arresting the centripetal stimulus producing the fit. Whether this be so or not, I am inclined to think it has been too much neglected since the use of the bromides; and that sometimes at least it has an effect when these fail. It may be advantageously combined with them.

2. Belladonna relaxes spasm of the involuntary muscles. Its effects on the eye belong to a subject which is too special for me to handle; its power of

*Query, trickling.

dilating the os uteri, and relieving tenesmus of the bladder and rectum when applied locally, is equally important, but perhaps less well known. A further example of this mode of its action is its influence on constipation, which Trousseau first made prominently known. This action upon involuntary muscles is frequently increased by the anesthetic effect simultaneously exercised by belladonna upon the afferent branches of nerves which originate spasm, as in the cases of whooping-cough and spermatorrhea; in this latter condition I have found it, on the whole, more reliable than the bromides.

3. The power of checking sweat is sometimes very valuable. Dr. Fothergill has recently insisted very strongly upon the value of belladonna, as enabling us to arrest the exhausting sweats of phthisis, and I am quite satisfied that as a rule this is beneficial. My own very limited experience, however, leads me to doubt whether it is always an unmixed good to check the sweating of phthisical patients, at any rate when the pyrexia is high and the perspiration seems to be of service in reducing temperature.

I have repeatedly tested the efficacy of belladonna in checking the abundant salivation to which some lunatics are subject, and have always found it act with great rapidity. Its arresting the secretion of milk* and the collection of pus in an abscess are instances of the same kind.

4. I now come to the power which belladonna has of arresting inhibitory action. In medicinal doses it sets the heart free from the controlling action of the vagus, without any other effect upon its innervation. It may therefore to some extent replace or assist digitalis, and may be preferred, if we do not desire to act upon the muscular structure of the heart or to increase the blood-pressure by contracting the arterioles. It seems to be particularly indicated in cases of pure inhibition, and under this head I venture to recommend its trial in the following conditions: In collapse from shock it seems likely to be very useful, and has been recently strongly recommended by an American physician. It would probably be equally successful when the heart's action fails from sun-stroke, or, on the other hand, from exposure to intense cold. So far as I know, no explanation has yet been suggested for those fatal cases of scarlatina, small-pox, and other infectious diseases in which the patient is, as it were, knocked down at once, and dies speedily, often before the rash has appeared. I can not go into the reasons which lead me to think that here, too, we have to do with an instance of collapse from shock; if so belladonna or the hypodermic use of atropin is well worth a trial, and may succeed where all else has failed. Dr. Harley urged its use in the adynamic stage of the infectious fevers, finding it then act as a powerful stimulant; here also I suppose it would set the heart's action free. I can less readily understand how it should speedily relieve acute local inflammations, as Dr. Phillips asserts, of tonsillitis and meningitis.

There is another important therapeutical property of belladonna, which is probably due to its checking inhibitory action; I mean its power of neutralizing some of the effects of opium. Without discussing the whole question of the antagonism of these two drugs, I may mention the following cases in which it is useful: When added to a hypodermic injection of

morphia it often prevents the nausea and vomiting which this may produce; and when given with an opiate in phthisis it not merely prevents sweating, but appears to keep up the activity of the heart and lungs.

Treatment of Opium Inebriety.—(Journal of Inebriety.) In response to an inquiry as to method of treatment, Dr. Osgood, of Foochow, China, sends the following account of his practice for the last two years, during which time about eight hundred cases have been treated:

1. The total and absolute discontinuance of the use of opium from the beginning of treatment.
2. A trusty attendant to be with the patient, day and night, for the first three days.
3. Chloral hydrate for the first three nights, if required.
4. Good food, milk, raw eggs, brandy (in some cases), chicken-broth. (The above to be taken in small quantities, and frequently.)
5. In diarrhea give two-dram doses of a mixture of equal parts of tinct. catechu and tinct. ginger.
6. Vomiting will frequently yield to bismuth in fifteen-grain doses, and in some cases a single dose of calomel has acted like a charm. Ice would be of advantage in some cases.
7. Throughout the entire treatment it should be remembered that the patient is below par, and requires tonics. Quinine and tincture of iron have a prominent place on our list.
8. The patient should expect to suffer more or less for the first three days, and should make himself a prisoner for that time. By the fourth day there is usually marked improvement.
9. Usually by the sixth day all desire for opium is gone. The patient then requires a change of air and surroundings and tonics for a few weeks.

The above is a rough outline of our treatment. Each case treated may require some change from the above.

I believe that ninety-nine out of one hundred can be cured, if the patient has the requisite grace and grit. Out of eight hundred cases there has only been one death, and that was caused, I think, by apoplexy, and not by opium.

Malignant Growths.—Dr. Theo. A. McGraw, in Transactions of American Medical Association, gives the following rules for operating on the lip:

1. Every wart on the lower lip of persons over forty years old, and every non-syphilitic ulcer which does not speedily yield to treatment, should be regarded as cancerous.
2. The proper remedy in all cases is excision performed according to Thiersch's law; viz. to cut at least one and a half centimeters from the edge of the cancer, regardless of the shape or extent of the resulting wound.
3. The submental lymphatic glands should in every case be thoroughly examined. This can be best done by careful exploration of the floor of the mouth between two fingers, one inside and the other out. Whenever there is the least suspicion of glandular implication the thick submental integument should be cut through in order that the fingers may explore directly the condition of the tissues.
4. All enlarged lymphatics and the submaxillary gland, when adherent to the lymphatics, should be removed. When necessary, the incision should be extended to permit free access to the glands in the carotid region.

*I have had no personal experience of this effect of belladonna, but considerable doubt was thrown upon it in the course of the discussion which followed.

5. When the periosteum is involved the bone should be thoroughly scraped; when the bone itself is affected it should be excised.

6. After the operation is finished, and not before, the surgeon may direct his attention to the plastic operation necessary to cover defects.

The following rules are given for operating on the breast:

1. All tumors of the breast originating after thirty-five years of age must be regarded as cancerous (Lücke). The diagnosis may, however, be obscured by inflammatory conditions.

2. Whenever the diagnosis is doubtful the case should be considered cancerous.

3. All malignant and doubtful tumors should be extirpated as soon as the surgeon can make it possible. *In no case should the diagnosis be determined by postponing treatment in order to watch developments.*

4. In operating for mammary cancer the surgeon should cut out the whole gland, all the integument covering it, and all the fascia underneath. He should further remove every indurated cord and every enlarged lymphatic gland.

5. Even though no enlarged lymphatics can be felt through the skin, the surgeon should nevertheless explore the axilla thoroughly by enlarging the incision and thrusting the finger through the fascia into the depths of the axillary space.

6. When the disease is localized in the breast and lymphatic glands, and the latter are too thoroughly involved to give reasonable hope of cure by ordinary methods, the arm should be amputated at the shoulder, and the breast and all other tissues involved thoroughly cut away.

7. The occurrence of primary cancer simultaneously in both breasts should not prevent prompt operations upon both, provided there are no evidences of general constitutional infection.

8. The contra-indications to excision are (1) stationary cancers of long standing in old people; (2) evident hopeless spread of infection; (3) extreme debility of patient.

9. All recurrent nodules should be excised on the very day of their discovery.

In conclusion, as the importance of the early treatment of the disease can be too thoroughly understood by the people, the fullest information upon the subject should be generally distributed by our boards of health in a proper and anonymous way.

A Divided Ulnar Nerve Reunited by Suture.

Mr. Hulke, at the Clinical Society of London, read notes of a case of sutural junction of the ulnar nerve fifteen weeks after its complete severance by a roofing-slate; early restoration of function. He said the procedure was a rare one, but where practiced had given most satisfactory results, and held out promise of restoration to many an otherwise crippled limb. This case was interesting from the long interval that elapsed after the injury before the operation was performed, and from the speedy restoration of commencing nerve function, which was only three or four weeks after the operation. The patient, a blacksmith, aged fifty-three, was struck across the inner side and front of elbow by a slate dislodged from a roof. The wound thereby produced healed slowly, and was painful from the first, the pain assuming a neuralgic character. The forearm and arm wasted; the man's health suffered, and he was quite unable to do any work. Fifteen weeks afterward all parts

supplied by the ulnar nerve in the hand were numbed and cold, and the scar in front of the elbow was exquisitely tender. The patient was then chloroformed and an Esmarch bandage put on. The ulnar nerve was exposed at the elbow, and found to be completely divided and the two ends widely separated. The upper end was bulbous, and was dragged out of its course by the cicatrix; the lower end was shriveled. In both ends were minute particles of slate imbedded. Both ends were removed by clean transverse sections, and were then found to be three quarters of an inch apart. In order to bring them together the upper end was stretched and drawn down, and joined as closely as possible to the lower one by four silk sutures passed through the sheath. Absolute contact was not obtainable. The operation was done, and the wound afterward dressed antiseptically. The neuralgia ceased at once, and did not recur, and in less than six weeks the patient returned home. Sensation, which had begun to return about a month after the operation, rapidly increased, so that upon leaving the hospital the man went at once to his work.

Mr. Heath asked Mr. Hulke whether observations upon the return of sensation were made specially on the ring-finger, for it was stated that after division of a nerve there may be a reverse current by means of anastomotic filaments with neighboring nerves—in this case the median. Some years ago, in laying open some sinuses about the elbow, he divided accidentally the ulnar nerve, but immediately united the ends by a single stitch put through the center of the nerve. The suture was not seen again, and the patient recovered power, but not completely. At the time he had dreaded lest the presence of the thread in the nerve might produce tetanus.—*London Lancet.*

Chancres of the Eye.—Thiry (*La Presse Médicale Belge*) believes that the oracular conjunctiva is rarely, if ever, the seat of chancre, and this he seeks to explain by the fact that the tears neutralize the virulent action of the virus. The author relates an interesting case. Patient, a man of twenty-three, had on the margin of the upper lid an ulceration, involving the caruncle and the lachrymal canaliculi. The lid was swollen, and there was serious chemosis. A diagnosis of phagedenic chancre of upper lid was made. The genitals showed no lesion. The patient admitted having been exposed, and remembered that four to five days thereafter he had noticed a painful pustule on the inner canthus of this eye. The ulcer was cauterized with acid nitrate of mercury, and in three weeks it was cicatrized. Later there was swelling of the cervical glands and development of syphilitic cachexia, and for more than a year he was under treatment.

Another case is given of a woman, fifty-six years old, who presented herself with a binocular iritis, with a papular eruption of the face. On the upper lid was a firm, resistant, indolent swelling, and beneath it a small and incompletely cicatrized ulcer. The patient admitted that five weeks before there had appeared a small pimple on the upper lid—eight days later the tumor. Fifteen days later still came the affection of the sight. The patient's husband was examined, and found to have a chancre of the lip and others in the mouth. The writer goes on to say that a remarkable fact in favor of the unity of the virus of chancres was that the husband, who had chancres on the mouth and on the lip, showed no trace of syphilitic affection.—*Archives of Derm.*